DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445076	A. BUILDING _____ B. WING _____	01/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MCMINNVILLE	928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure the bed brakes were functional for one (#29) of three residents reviewed for accidents of thirty-two residents reviewed. The findings included: Resident #29 was admitted to the facility on February 12, 2013, with diagnoses including Traumatic Brain Injury, Heart Failure, Chronic Obstructive Pulmonary Disease, and Coronary Artery Disease. Medical record review of the quarterly Minimum Data Set (MDS) dated November 29, 2013, revealed the resident transferred and ambulated with supervision, and had experienced two falls without injury since the prior assessment. Medical record review of the Fall Risk Evaluation dated May 21, 2013, revealed the resident was at high risk for falls Medical record review of a Post Falls Nursing Assessment revealed the resident experienced a	F 323	F323 Maintenance Supervisor replaced wheels on affected bed on 12/21/13. Overseen by the Maintenance Supervisor all Center beds were inspected for proper wheel locking 01/28/14. Overseen by the Maintenance Supervisor, Center employees were in-serviced on 02/06/14, then daily for two weeks during pre-shift in-service to assure all employees are educated, and during new employee orientation (to include any contract employees) to assure all staff are educated regarding proper locking of bed wheels by engaging the locking mechanism on the wheels with their foot or hands on bed wheels and assuring bed wheel lock is engaged by testing whether the bed will move once locked. This is to be done whenever the bed wheels are touching the floor and the bed is not in transport. In-serving also included the reporting of any wheels that do not lock t to Maintenance immediately for repair. Beginning 02/10/14, the Maintenance Supervisor and Maintenance Assistant will perform weekly preventative maintenance QA monitors on beds to include monitoring that bed wheels are locked when touching the floor for 4 weeks and then monthly for four months. QA Monitor results will be reported to the QA Committee consisting of the Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing. QA Monitor will continue as directed by the Quality Assurance Committee. Completion Date:	3/14/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/24/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 fall on December 20, 2013, at 10:30 p.m., while ambulating without assistance. Continued review of the Post Falls Nursing Assessment revealed the intervention put into place was to have maintenance repair the bed brakes. Observation on January 29, 2014, at 7:50 a.m., revealed the resident lying on the bed feeding self the breakfast meal. Interview on January 28, 2014, at 5:20 p.m., with the Administrator, in the conference room, revealed the Administrator had spoken with the nurse who was present at the time of the resident's fall on December 20, 2013, and confirmed the bed had rolled due to the bed brakes did not work, and maintenance had repaired the bed brakes after the resident's fall.	F 323		